

# Program Inspection Before & After School Center Compliance Plan

Provider's Name: **Tiger After School Program-  
Buchanan**

City: **Huron**

Provider Number: **014512233**

Inspector: **Deb Bigge**

Date of Inspection: **04/30/2018**

Time of Inspection: **3:58 PM**

The items listed below are those that the provider was not in compliance with at the time of the inspection.

## G. Record Keeping, Posting Information, Fire/Tornado Drills

33. Does the program have documentation 4 fire drills and 1 tornado drill were conducted in the past year?  
67:42:14:28

Corrections To Be Made:

Agency Action:

### Compliance Plan

Suggested  
Completion  
Date:

Actual  
Completion  
Date:

**05/25/2018**

**05/21/2018**

Status: **Corrected**

34. Do staff records contain all required information? 67:42:14:23 Note: staff records are to be maintained for 6 months following the end of employment.

Corrections To Be Made:

DA - Timely Orientation, CPR, Training  
EC - Timely Orientation, Training  
DD - CPR, Training  
MF - Training  
JF - CPR, Training  
LG - CPR, Training  
LH - CPR, Training  
BK - CPR, Training  
MM - CPR, Training  
CP - Training  
MR - CPR, Training  
KT - CPR, Training  
SV - CPR, Training  
AV - CPR, Training  
BV - Training  
JW - CPR, Training  
KW - CPR, Training

Agency Action:

**Compliance Plan**

Suggested Completion Date:	Actual Completion Date:
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<b>06/07/2018</b>	<b>06/14/2018</b>
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Status: **Corrected**

**Amanda Haeder**

Provider Signature

**05/07/2018**

Date

**Deb Bigge**

Inspector Signature

**05/07/2018**

Date